

August 9, 2002

Re: Medical Dispute Resolution
MDR #: M2-02-0635-01
IRO Certificate No.: IRO 5055

Dear:

In accordance with the requirement for TWCC to randomly assign cases to IROs, TWCC assigned your case to ____ for an independent review. ____ has performed an independent review of the medical records to determine medical necessity. In performing this review, ____ reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

The independent review was performed by a matched peer with the treating physician. Your case was reviewed by a physician reviewer who is Board Certified in Anesthesiology and Pain Management.

THE PHYSICIAN REVIEWER OF YOUR CASE **PARTIALLY AGREES** WITH THE DETERMINATION MADE BY THE UTILIZATION REVIEW AGENT ON THIS CASE. The reviewer determined that the Epidural Steroid Injections and the Lumbar Facet injections are medically necessary. The Stellate Ganglion Blocks were determined to **not** be medically necessary in this case.

I am the Secretary and General Counsel of ____ and I certify that the reviewing physician in this case has certified to our organization that there are no known conflicts of interest that exist between him and any of the treating physicians or other health care providers or any of the physicians or other health care providers who reviewed this case for determination prior to referral to the Independent Review Organization.

We are forwarding herewith a copy of the referenced Medical Case Review with reviewer's name redacted. We are simultaneously forwarding copies to the patient, the payor, and the Texas Workers' Compensation Commission. This decision by ____ is deemed to be a Commission decision and order.

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of this decision and has a right to request a hearing.

If disputing a spinal surgery prospective decision a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within ten (10) days of your receipt of this decision (28 Tex. Admin. Code 142.5©).

If disputing other prospective medical necessity (preauthorization) decisions a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within twenty (20) days of your receipt of this decision (28 Tex. Admin. Code 148.3).

This Decision is deemed received by you five (5) days after it was mailed (28 Tex. Admin. Code 102.4(h) or 102.5 (d)). A request for a hearing should be sent to:

Chief Clerk of Proceedings
Texas Workers' Compensation Commission
P.O. Box 40669
Austin, TX 78704-0012

A copy of this decision should be attached to the request. The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute.

I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or U.S. Postal Service from the office of the IRO on August 9, 2002.

Sincerely,

MEDICAL CASE REVIEW

This is for _____. I have reviewed the medical information forwarded to me concerning TWCC Case File #M2-02-0635-01, in the area of Pain Management. The following documents were presented and reviewed:

A. MEDICAL INFORMATION REVIEWED:

1. Request for review of denial of ESI with bilateral facet injections.
2. Correspondence and documentation.
3. Office notes, 2002 and 2001.
4. Office notes, 2000 and 1999.
5. Office notes, 1998 and 1997.
6. Office notes, 1996.
7. Operative reports.
8. Functional movement evaluation.
9. Radiology reports.

B. BRIEF CLINICAL HISTORY:

The patient is now 67 years old and was injured in an accident at work on _____. He has had multiple procedures done in the past including a decompression laminectomy, multiple epidural steroid injections, a Racz procedure, and multiple stellate ganglion blocks including RF thermocoagulation of the stellate ganglion for the treatment of RSD in his right upper limb. He is currently complaining of severe low back pain with some signs and symptoms of radiculopathy. There are no motor changes, in the sense that he has good strength in both legs and his reflexes are normal. Straight-leg raising test is negative on both sides. Symptoms of RSD are still described in his right upper limb, and there is a statement that he is now starting to develop some changes of RSD in the left upper limb as well. He has no low back tenderness at this time but has a significant amount of low back pain.

His latest MRI shows degenerative changes in nearly all the facet joints in his low back. He has had no previous lumbar fusions. Gadolinium contrast MRI does not show any evidence of scar tissue in his epidural space. It does show some evidence, however, of a swollen nerve root on the right at L5-S1.

C. DISPUTED SERVICES:

The requested services include (1) epidural steroid injections, (2) bilateral facet injections--levels not specified, and (3) a repeat of the thermocoagulation of his stellate ganglion on the right side.

D. DECISION:

I PARTIALLY AGREE WITH THE DETERMINATION OF THE INSURANCE CARRIER IN THIS CASE. I AGREE WITH THE NECESSITY FOR THE EPIDURAL STEROID INJECTIONS AND THE LUMBAR FACET INJECTIONS. I DISAGREE WITH THE NEED TO DO FURTHER STELLATE GANGLION BLOCKS EITHER WITH LOCAL ANESTHESIA OR RF THERMOCOAGULATION.

E. RATIONALE OR BASIS FOR DECISION:

Epidural steroid injections may be of some benefit to this gentleman short-term, this being in the 5 to 6 month range, and may, in fact, have to be repeated. There is a possibility that for long-term relief he may need other forms of treatment, but initially further epidural steroid injections are indicated medically.

With regard to the lumbar facet injections, the degenerative changes in the facets, in my opinion, are not due to the original injury but more likely due to the aging of the patient and degeneration of his lumbar spine. Regardless, I do find them to be medically necessary in this case.

With regard to the stellate ganglion blocks, he has had multiple stellate ganglion blocks in the past and has also had RF thermocoagulation of his stellate ganglion, with short-term and incomplete relief of his pain. In my opinion, further stellate ganglion blocks would probably not benefit this patient, and some other form of therapy with a long-term outlook probably should be contemplated.

F. DISCLAIMER:

The opinions rendered in this case are the opinions of this evaluator. This medical evaluation has been conducted on the basis of the documentation as provided to me with the assumption that the material is true, complete and correct. If more information becomes available at a later date, then additional service, reports or consideration may be requested. Such information may or may not change the opinions rendered in this evaluation. My opinion is based on the clinical assessment from the documentation provided.

Date: 7 August 2002